| ·   |  |   |                    |                 |   |                                   |                    |         |                  | Application or Docket Number |                        |          |                           |                        |
|---|--|---|--------------------|-----------------|---|-----------------------------------|--------------------|---------|------------------|------------------------------|------------------------|----------|---------------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 1995  |  |   |                    |                 |   |                                   |                    |         |                  | 1                            |                        |          | 1                         |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                    |                 |   |                                   |                    |         | SMA              | LL E                         | ENTITY                 | OR       |                           | R THAN<br>ENTITY       |
| FOR   |  |   | NUMBER FILED       |                 |   | NUMBER EXTRA                      |                    |         | RATE             |                              | FEE                    |          | RATE                      | FEE                    |
| BASI  | C FEE  | 8   |                    |                 |   | My.                               |                    |         |                  | 160                          | 375.00                 | OR       |                           | 750.00                 |
| TOTAL CLAIMS  |  |   | minus 20 =         |                 |   | = *                               |                    |         | x\$11=           | =                            |                        | OR       | x\$22=                    | 100                    |
| INDE  | PENDENT CLA  | AIMS                                      | minus 3 =          |                 |   | ' ')                              |                    |         | x39=             | :                            |                        | OR       | x78=                      | 154                    |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                    |                 |   |                                   |                    |         | +125             | =                            |                        | OR       | +250=                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                    |                 |   |                                   |                    |         | TOTAL            |                              |                        | OR       | TOTAL                     | 1918                   |
|   | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |   |                    |                 |   |                                   |                    |         | SMA              | LLE                          | ENTITY                 | OR       |                           | R THAN<br>ENTITY       |
| AMENDMENT A   | eu   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    |                 | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                   | PRESENT<br>EXTRA   |         | RATE             |                              | ADDI-<br>TIONAL<br>FEE |          | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   |                    | Minus           | **  |                                   | =                  |         | x\$11=           | =                            |                        | OR       | x\$22=                    |                        |
|   | Independent  | *   | Minus              |                 | ***   |                                   | =                  |         | x39=             |                              |                        | OR       | x78=                      |                        |
| <b>A</b>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |                    |                 |   |                                   |                    |         | +125=            | =                            |                        | OR       | +250=                     |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                    |                 |   |                                   |                    | AE      | TOTA             |                              |                        | OR ,     | TOTAL<br>ADDIT. FEE       |                        |
| AMENDMENT B   |  | CLAI<br>REMAI<br>AFT<br>AMEND             | IMS<br>INING<br>ER |                 | HIC<br>NU<br>PRE\                           | SHEST<br>MBER<br>/IOUSLY<br>D FOR | PRESENT<br>EXTRA   |         | RATE             | :                            | ADDI-<br>TIONAL<br>FEE |          | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   |                    | Minus           | **  |                                   | =                  |         | x\$11=           | =                            |                        | OR       | x\$22=                    |                        |
|   | Independent  | *   |                    | Minus           | ***   |                                   | =                  |         | x39=             |                              |                        | OR       | x78=                      |                        |
| A   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |                    |                 |   |                                   |                    |         | +125             | =                            |                        | OR       | +250=                     |                        |
|   | (Column 1) (Column 2) (Column 3)                             |   |                    |                 |   |                                   |                    | A       | TOTA<br>DDIT. FE |                              |                        | OR       | TOTAL<br>ADDIT. FEE       |                        |
| AMENDMENT C   |  | CLA<br>REMA<br>AFT<br>AMEND               | INING<br>ER        |                 | NU<br>PRE\                                  | HEST<br>MBER<br>VIOUSLY<br>D FOR  | PRESENT<br>EXTRA   |         | RATE             | <u> </u>                     | ADDI-<br>TIONAL<br>FEE |          | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   |                    | Minus           | **  |                                   | =                  |         | x\$11:           | =                            |                        | OR       | x\$22=                    |                        |
|   | Independent  | *   |                    | Minus           | ***   |                                   | =                  |         | x39=             | =                            |                        | OR       | x78=                      |                        |
| A   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |                    |                 |   |                                   |                    |         |                  | =                            |                        | OR       | +250=                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                    |                 |   |                                   |                    |         |                  |                              |                        |          | TOTAL<br>ADDIT. FEE<br>1. |                        |
| l Tr  | ie "Highest Num  | iber Previo                               | ously Paid         | o ror (Total or | inaeper                                     | idenii) is the                    | ingriest number to | /UIIU 1 | n nio ap         | hinh                         | nate DUX III           | - Column | ••                        |                        |